PTO/SB/21 (09-04) Doc Code: Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number 09/379,212 **Application Number** TRANSMITTAL Filing Date 03/23/1999 **FORM** Certificate First Named Inventor Robert J. Duffy Art Unit 3763 of Correction **Examiner Name** Manuel A. Mendez (to be used for all correspondence after initial filing) Attorney Docket Number 66657 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer identify below): 1. Request for Certificate of Correction - in duplicate
2. Form PTO/SB/44 - in duplicate **Express Abandonment Request** Request for Refund 3. Acknowledgment Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD **Certified Copy of Priority** Document(s) Remarks Response to Missing Parts/ Re: USPNo.: 7,074,205 B1 Certificate Incomplete Application Reply to Missing Parts under 1 1 2006 37 CFR 1.52 or 1.53 Customer No.: 24201 et Correction

Date	October 3, 2006	Reg. No.	30,679	
	CERTIFICATE O	F TRANSMISSION/MAIL	ING	
	that this correspondence is being facsimile trans ge as first class mail in an envelope addressed to ow:			
Signature	Thur a. Kuch			
Typed or printe	ed name Thomas A. Runk	Date	October 3, 2006	

Reg. No. 30,679

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

**FULWIDER PATTON LLP** 

enmas Thomas A. Runk

Firm Name

Signature

Printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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	2005 (U.D. 4040)	Complete if Known			
		Application Number	09/379,212		
VIII	IAL	Filing Date	08/23/1999		
<b>16</b>		First Named Inventor	Robert J. Duffy		
		Examiner Name	Manuel A. Mendez		
See 37	CFR 1.27	Art Unit	3763		
(\$)	\$100.00	Attorney Docket No.	66657		
	MIT 06 See 37	MITTAL D6 See 37 CFR 1.27	Application Number Filing Date First Named Inventor Examiner Name Art Unit	Application Number 09/379,212  Filing Date 08/23/1999  First Named Inventor Robert J. Duffy  Examiner Name Manuel A. Mendez  Art Unit 3763	

METHOD OF PAYMENT (check all that apply)									
Check Credit C	ard $\square$	Money Order	None	Other (	(please identify):				
Deposit Account Depos	Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON								
For the above-identified d	eposit accou	nt, the Director i	s hereby author	ized to: (check all	that apply)				
Charge fe	e(s) indicate	d below		Charge	fee(s) indicated	below, except for	the filing fee		
	ny additional der 37 CFR 1	fee(s) or any un	derpayments of	Credit a	iny overpayments	s			
WARNING: Information on the card information and authoric	nis form ma	y become pub	lic. Credit care	d information sh	ould not be inc	luded on this f	orm. Provide credit		
FEE CALCULATION (A	II the fee	s below are	due upon f	iling or may	be subject t	o a surcharg	e.)		
1. BASIC FILING, SEARC	•			5550	EVALAINIA.	TION SEED			
	FILING F	Small Entity	SEARCH	Small Entity	EXAMINA	TION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid(\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEESSmall EntityFee DescriptionFee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180									
Total Claims	Extra Clain	ıs Fee (\$)	F	Fee Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)		
- 20 or HP =			\$50.00 =	\$0.00_					
HP = highest number of total cl Indep. Claims - 3 or HP =	Extra Clain	<u>rs Fee (\$)</u> x <u>\$</u>	<u> 200.00</u> =	Fee Paid (\$) \$0.00					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra She			additional 50 or			Fee Paid (\$)		
100 =							-		
4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcha		•	•	ction			\$100.00		

SUBMITTED BY					
Signature	Thund Runk	Registration No. (Attorney/Agent)	30,679	Telephone	(310) 824-5555
Name (Print/Type)	Thomas A	Date	October 3, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OCT 06 2006

Doc Code:

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, despersons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2006  Applicant claims small entity clatus. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) \$100,00  Attorney Docket No. 66657  METHOD OF PAYMENT (check all that apphy)  Check   Credit Card   Money Order   None   Other (please identity):	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$\$ \$100.00   Attorney Docket No.   G6657		Application Num	nber	09/379,212					
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$\$ \$100.00   Attorney Docket No.   66657	_				Filing Date		08/23/1999		
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$ \$ \$100.00   Altomey Docket No.   66657					First Named Inv	entor	Robert J. Duffy		
METHOD OF PAYMENT (check all that apply)				{	Examiner Name Manuel A. Mendez				
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 06-2425 □ Deposit Account Name: FULWIDER PATTON  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below. □ Associated fee(s) indicated below. □ Associated fee(s) indicated below. □ Fee(s) indicated below. □ Small Entity □ Fee(s) indicated below. □ Fe	Applicant claims	small entity status.	See 37 CFR 1.27		Art Unit 3763				
Check	TOTAL AMOUN	T OF PAYMENT	(\$) \$100	0.00	Attorney Docket	No.	66657		
Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except fer the filing fee	METHOD OF PA	YMENT (check al	l that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	☑ Check ☐	Credit Card	Money Order	None	e 🔲 Othe	r (please	identify):		
Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below.  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or any underpayments of locily under 37 CFR 1.16 and 1.17  WARNING: Information on this form may be some public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  Small Entity  Small Entity  Small Entity  Application Type  Fee (3) Fee Paid(5)  Utility  300 150 500 250 200 100  Design  200 100 100 50 130 65  Plant  200 100 300 150 500 250 600 300  Reissue  300 150 500 250 600 300  Provisional  200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Extra Claims  Fee (3) Fee (3) Fee (3) Fee (3) Fee (3)  Fee (3) Fee (3) Fee (3)  Fee (3) Fee (3)  Fee (3) Fee (3)  Fee (3) Fee (3)  Fee (3) Fee (3)  Fee (3	Deposit Accour	nt Deposit Account	Number: 0	6-2425	Deposit	Accoun	t Name:	FULWI	DER PATTON
Charge any additional fee(s) or any underpayments of legic) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  ADMINATION FEES  Small Entity  Fee (\$) F	For the above-id	lentified deposit accou	nt, the Director is he	reby aut	thorized to: (check	all that a	oply)		
WARNING: Information on this form may be subject to a surcharge.		Charge fee(s) indicate	ed below		Char	ge fee(s)	indicated t	oelow, except fo	or the filing fee
Telephone   Fee	$\boxtimes$			ayment	s of Credi	it any ove	rpayments		·
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SEARCH FEES   Small Entity   Sma	WARNING: Informat card information an	tion on this form ma d authorization on P	y become public. ( TO-2038.	Credit (	card information	shouid (	not be Inci	luded on this	form. Provide credit
FILING FEES   SEARCH FEES   Small Entity   Small Entity   Fee (\$)   Fee (\$	FEE CALCULAT	ION (All the fee	s below are du	e upo	n filing or ma	y be s	ubject to	o a surcha	rge.)
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Utility		•	Small Entity	<b>J</b>		-		Small Entity	
Design   200   100   100   50   130   65						E			Fees Paid(\$)
Plant   200   100   300   150   160   80	•								
Reissue   300   150   500   250   600   300	_								
Provisional   200   100   0   0   0   0   0   0   0   0									<del></del>
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  - 20 or HP =									
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Non-English specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Request for Certificate of Correction  Registration No. (Attorney/Agent)  Fee Paid (\$)	Provisional	200	100	0	0		0	0	
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  F	2. EXCESS CLAIR	M FEES							Small Entity
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  - 20 or HP = x \$50.00 = \$0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  - 3 or HP = x \$5200.00 = \$0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35  U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = 0 /50 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Certificate of Correction  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  100 100 100 100 100 100 100 100 100 10									
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  -20 or HP =			•						_
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HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  - 3 or HP = x \$200.00 = \$0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  - 100 = 0 /50 0 (round up to a whole number) x \$250.00 = \$0.00  4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Certificate of Correction  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)	Total Claims	Extra Clair	<u>ns</u> <u>Fee (\$)</u>		Fee Paid (\$)			Fee (\$)	Fee Paid (\$)
Indep. Claims  - 3 or HP = x \$\frac{\text{S200.00}}{\text{x}} = \frac{\text{S200.00}}{\text{s200.00}} = \frac{\text{S0.00}}{\text{\$0.00}}  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = 0 /50 0 (round up to a whole number) x \$\frac{\text{\$250.00}}{\text{\$50.00}} = \frac{\text{\$50.00}}{\text{\$50.00}}  4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Request for Certificate of Correction  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (310) 824-5555				.00_ :	=\$0.00_				
- 3 or HP = x \$\frac{\$200.00}{\$0.00} = \frac{\$50.00}{\$0.00}\$  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	-	•			Eco Boid (\$)				
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Total Sheets - 100 =	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35								
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Other (e.g., late filing surcharge): Request for Certificate of Correction \$100.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 30,679 Telephone (310) 824-5555	<b>·</b>							, <del></del>	
SUBMITTED BY Signature  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  30,679  Telephone (310) 824-5555									
Signature Shund. Funk Registration No. (Attorney/Agent) 30,679 Telephone (310) 824-5555									
(Attorney/Agent) 30,073 Telephone (510) 624-5355		11	00	T.	Registration No.				
Name (Print/Type) Date October 3, 2006		Spund	1. y curk		(Attorney/Agent)	30	,679		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

ROBERT J. DUFFY ET AL.

Patent No.: 7,074,205 B1

Issued: July 11, 2006

Serial No: 09/379,212

Filed: August 23, 1999

For: METHOD AND APPARATUS FOR

POWER CONNECTION IN A MODULAR PATIENT CARE

**SYSTEM** 

Examiner: Manuel A. Mendez

Group Art Unit: 3763

Client ID/Matter No: IVACP 66657

## REQUEST FOR CERTIFICATE OF CORRECTION

Certificate of Correction Department Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The above-identified patent has been found to have the errors set forth in the enclosed Certificate of Correction. It is requested that this Certificate of Correction be issued and returned to us. Since these errors occurred in the final printing phase of the patent and in the final application, a check in the amount of \$100.00 is enclosed to

cover the necessary fees. If any additional fees are needed, please charge Deposit Account No. 06-2425.

The errors are verifiable in the patent application file as follows:

ERROR APPLICATION FILE

Column 8, line 48, delete "may made" and insert --may be made--.

Applicant error.

Column 8, line 53, delete "an" and insert -- in--.

Applicant error.

Column 13, lines 52 and 63, delete "fist" and insert --first--.

Amendment dated September 19, 2003. See attachment.

These errors occurred in good faith and correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

It is requested that a Certificate of Correction be issued and returned to us.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

# A duplicate of this document is attached.

Respectfully submitted,

FULWIDER PATTON LLP

Bv:

Thomas A. Runk

Registration No. 30,679

TAR:ck Enclosures

Howard Hughes Center 6060 Center Drive, Tenth Floor Los Angeles, CA 90045

Telephone: (310) 824-5555 Facsimile: (310) 824-9696

Customer No. 24201

OCT O 6 2006

CERTIFICATE OF MAILING UT SER 37 C.F.R. § 1.8

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Thomas A Runk Reg No 30 679

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Respectfully submitted,

**FULWIDER PATTON LLP** 

Bv

Thomas A. Runk

Registration No. 30,679

TAR:ck Enclosures

Howard Hughes Center 6060 Center Drive, Tenth Floor Los Angeles, CA 90045

Telephone: (310) 824-5555 Facsimile: (310) 824-9696

Customer No. 24201

21. (Original) The modular patient care system of claim 19, said hinge connector pair comprising:

a male hinge connector on either of said first or second modules, said male hinge connector having a first and second set of electrical contacts formed thereon; and

a female hinge connector on the other of said first or second modules for hingeably engaging said male hinge connector, said female hinge connector having a third and fourth set of electrical contacts formed thereon configured and dimensioned to connect to said first and second set of electrical contacts, respectively, upon hingeable engagement of said hinge connector pair;

whereby said first and second modules become electrically engaged upon becoming structurally engaged.

- 22. (Original) The modular patient care system of claim 21, wherein said electrical contacts are configured and dimensioned such that said first and third sets of electrical contacts connect before said second and fourth sets of electrical contacts connect during engagement of said first and second modules, and such that said first and third sets of electrical contacts disconnect after said second and fourth sets of electrical contacts disconnect during disengagement of said first and second modules.
- 23. (Original) The modular patient care system of claim 20, further comprising a fastener for affixing said latch tongue within said catch feature, said fastener being configured and dimensioned such that a special fastener tool is required to release said fastener from said latch tongue,

whereby when said fastener has affixed said latch tongue, said first and second modules remain permanently engaged until said fastener is released from said latch tongue using said special fastener tool.

24. (Original) The modular patient care system of claim 19, said modules each having a front, a back, and sides, said first and second modules defining a pair when engaged, said guide mechanism comprising:

a male elevation feature protruding from one of said first or second modules;

a female recess feature in the other of said first or second modules;

wherein said male elevation feature is chamfered and said female recess feature is shaped for corresponding lead-in to provide guidance of said modules during engagement.

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## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO.

: 7,074,205 B1

APPLICATION NO.: 09/379,212

ISSUE DATE

: July 11, 2006

INVENTOR(S)

: Robert J. Duffy et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

#### Column 8,

Line 48, delete "may made" and insert --may be made--.

Line 53, delete "an" and insert --in--.

#### Column 13,

Lines 52 and 63, delete "fist" and insert --first--.

MAILING ADDRESS OF SENDER:

Thomas A. Runk **Fulwider Patton LLP** 6060 Center Drive, 10th Floor Los Angeles, CA 90045

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